Task Force Guardian: Taking Care of Soldiers

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Abstract

Task Force Guardian is an innovative approach to helping Soldiers holistically with a focus on mental health stressors and resiliency. Task Force Guardian was formed in 2020 specifically to provide preventative, intervention, and postvention support to Soldiers undergoing acute mental health trauma and stress. The approach combines experts from multiple disciplines to focus on providing support, increasing resilience, and supporting well-being. Several best practices, techniques, and products were developed and distributed, significantly reducing the detrimental effects on mental health related to the COVID-19 pandemic.

Keywords: Mental Health, Soldier Care, Chaplaincy, Wellbeing

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The 302D Maneuver Enhancement Brigade (MEB) is a US Army Reserve Brigade headquartered in Chicopee, Massachusetts. It consists of three subordinate battalions with headquarters located in New York, New Hampshire, and Pennsylvania. Soldiers and Civilians within the 302D MEB reside throughout the Northeast and East of the United States. The 302D MEB was on the Command and Control Chemical Biological Radiological Nuclear (CBRN) Response Element A (C2CRE-A) mission through June, 2021. The 302D MEB is also responsible for maneuver enhancement and engineering capabilities, serving in a dual-mission status.

Task Force Guardian was established as part of the 302D MEB's focus on combatting corrosives and taking care of Soldiers. Corrosives are challenges or problems that negatively impact quality of life, resiliency, and readiness, which includes threats to mental health, behavioral health, and suicide. Recently, the term "corrosives" has expanded to include societal problems as well, which includes sexual assault, sexual harassment, and extremism (Egan, 2021). Although Soldier care has always been a priority for the leadership teams throughout the Brigade, a formalized standard of Soldier care and suite of best practices was needed to ensure continued support and readiness. Task Force Guardian established best practices and continues to refine the best way forward to support the well-being of the members of the Brigade.

History and Formation

The year of 2020 was dominated by the COVID-19 pandemic, a highly infectious and deadly virus that killed over 600,000 Americans through June 2021 (New York Times, 2021). In March 2020, the COVID-19 pandemic began to severely impact the northeast of the United States and the geographical areas where more of the Brigade's Soldiers live. The Brigade

Chaplain, Chaplain (Major) Kevin Eaton, was placed on intermittent Annual Training orders to provide pastoral care, stability, counsel, and support to Soldiers who were impacted by the pandemic. CH Eaton's background in counseling and psychology provided needed resources and support as the pandemic spread. Chaplain Eaton's primary goal was to proactively mitigate the stress and impact on mental health the pandemic was currently inflicting, and the future negative consequences anticipated by the continued spread of the disease. As the northeast entered a lockdown, Chaplain Eaton focused on Soldiers who were isolated or experiencing additional hardships. His efforts continued through the spring and early summer, with the additional support of local community providers and staff leaders.

Colonel Jodi Jones Smith took command of the 302D MEB in the summer of 2020 while the pandemic was still spreading and cases continued to rise. Recognizing the continued and coming need for Soldier support and the mental health impact the pandemic was having on Soldiers, she tasked her staff to develop tools, techniques, and procedures to take care of the impacted Soldiers within the Brigade. One major initiative was the formation of a dedicated task force to focus on providing Soldier care and support. Chaplain Eaton was placed on Active Duty for Operation Support (ADOS) orders to help develop, lead, and implement the developments of the task force.

The newly formed task force, named Task Force Guardian, was first established in September 2020. The initial members included COL Jodi Jones Smith, Brigade Commander; CH (MAJ) Kevin Eaton, Brigade Chaplain; MAJ William Moss, Executive Officer; CPT Matthew Bain, Brigade Surgeon; MAJ Jennifer Sheringham, HHC Commander; and Mr. Nathaniel Loveless, Brigade Suicide Prevention Program Manager. The mission statement for Task Force Guardian is to develop "prevention, intervention, and postvention approaches to combating

suicide and other significant crises in the lives of our Soldiers, Civilians, and Families; then, distributes and execute these approaches within our units." COL Smith's intent is to "provide immediate care, meaningful training, and accurate information to any Soldier, Civilian or Family member affected by suicide, suicidal ideation or other major traumatic event. We will provide this care throughout the process, with specific focus on the postvention care." Although the initial focus was on acute crisis support, the team provides holistic support to Soldier well-being through counsel, coaching, and referrals while ensuring Commander's are aware of the trends within their units.

A regular battle rhythm was established, with frequent briefings, updates, and publications. Cross-domain expertise was critical in developing resources and responses to the mental health well-being of the members of the Brigade. The pandemic continued to spread, and many mental health providers in the civilian community were overwhelmed. Many Soldiers and family members expressed frustration at an inability to find mental health resources in their local communities. The increase in infections, continued need for social isolation, continued stress and grief, and economic instability all contributed to a crisis in mental health support. In response, Task Force Guardian initiated several outreach programs, including a two-week intensive operation to combat the mental health ramifications of the pandemic.

Recognizing that the winter months would continue to be stressful, at the behest of Task Force Guardian each Battalion placed their assigned Unit Ministry Team members on 14 days of Annual Training orders and assigned them to support the Task Force for the duration of the operation. This included two newly-joined Chaplains, a newly joined Chaplain Candidate, two Religious Affairs Noncommissioned Officers, and one Religious Affairs Specialist. The Brigade Chaplain developed three days of intensive training sessions to train the assigned personnel. The

training topics included Suicide Prevention, Stress Management, Spiritual Resiliency, Counseling and Coaching Techniques, Absent Soldier Response, Confidentiality, Army Systems, Community Resources, Substance Abuse, and related subjects. The products used in these training events were made available for future use and shared with other teams as requested. Each session was recorded for future review as well.

Following the training seminars, the Unit Ministry Teams contacted every member of the Brigade at least once via telephone or Microsoft Teams. During that contact, the caller conducted a wellness check, provided resources, and conducted counseling as appropriate. When professional capabilities were reached, the caller would refer the Soldier to additional resources, such as more senior Chaplains, behavioral health providers, Family Readiness Support Assistants, and case managers. Soldiers who were referred or were experiencing distress were tracked and a follow up contact was made later in the period, ensuring continuity and follow up. During this effort, over 3,000 phone calls were placed, assisting Soldiers who were in distress and improving resiliency.

After the two-week intensive operation, the Unit Ministry Teams continued to provide outreach and follow-up contacts with Soldiers in distress. Task Force Guardian tracked the major trends and refined the products and guidance based upon the feedback and results. Due to the success of the operation, several Battalions retained Unit Ministry Team Members on additional orders to continue providing the needed outreach and support. Chaplain Eaton continued to provide counsel, coaching, and referrals to Soldiers throughout the winter and spring. The winter of 2020 into 2021 experienced significant spikes in COVID-19 cases, which led to additional mental health challenges. However, since the team members were in contact with Soldiers and already providing support, many of the high-risk behavioral health concerns were mitigated.

In May 2021, the 302D MEB Headquarters transitioned off the C2CRE-A mission and several key staff members transitioned out of the unit. COL Smith, Chaplain Eaton, MAJ Sheringham, and Mr. Loveless remained on Task Force Guardian to provide continuity. The continuity ensured that the new members of the Task Force received the appropriate training and background to immediately contribute to the continued success of the Task Force. As an enduring element, consistency in leadership was critical so that institutional and domain knowledge was not lost.

From inception through June 2021, Task Force Guardian has developed several best practices, products, and initiatives. Task Force Guardian has conducted 8 suicidal ideation interventions and 1,560 significant counseling sessions, with over 5,000 individual UMT contacts. Since January 2021, Task Force Guardian has reduced the number of reported or discovered suicidal ideations or attempts within the Brigade to 0, demonstrating the importance of outreach, support, and putting Soldiers first. Task Force Guardian has provided support for struggling marriages, Soldiers with depression and anxiety, and Soldiers struggling with substance abuse or dependence, preventing further crises.

Best Practices

Cross-Sectional Participation

One of the most important best practices developed as a part of Task Force Guardian was the early integration of members from different staff sections, ensuring diversity of opinion and experience. Although spearheaded by the Brigade Commander and Brigade Chaplain, the active participation and involvement of other staff sections enabled knowledge sharing and unique perspectives for Soldier care. As Commanders implemented recommendations and gained

experience with the tools and recommendations presented, their feedback was instrumental in improving the capabilities of the Task Force.

Including the Unit Ministry Team, and specifically the Brigade Chaplain, provided additional benefits. First and foremost, the capability to provide confidential consultation with an experienced, trained, and senior leader within the Brigade ensured that there was no reason a Soldier or leader should hesitate to seek guidance, counsel, or assistance. Protected by Army Regulations and the Uniformed Code of Military Justice, communications between a confidant and a Chaplain or other qualified Unit Ministry Team Member are strictly confidential and cannot be revealed under any normal circumstance (Abdel-Monem et al., 2017). Additionally, in the specific case of the 302D MEB, the Brigade Chaplain had many years cultivating relationships with the Soldiers and leaders within the Brigade. He also has extensive academic and practical training experience in the fields of psychology, counseling, and crisis intervention. This enables Task Force Guardian to rely heavily on the Chaplain Corps members to provide professional, competent, and confidential counsel.

Although the Task Force has official representation from the Unit Ministry Team, Suicide Prevention, Medical, and Command, other staff leaders provide critical support. For example, the S3 Operations section provided operational support, coordination, scheduling, orders development, and training opportunities. The S1 Personnel section provided personnel rosters, contact rosters, updates on standards, and administrative action support. The S4 Logistics section provided resources and logistical guidance on supplies that could support Soldier initiatives. The S6 Communications section provided unique communication opportunities during the virtualized training environment required by the pandemic constraints. Ultimately, it was the full-staff coordination and cooperation that enabled Task Force Guardian to succeed.

Products and Standards

Task Force Guardian developed or improved various products for use by leaders within the Brigade. Unit Ministry Team Counseling Trends were consolidated and shared with the Task Force each week. Relevant Serious Incident Reports that met the Commander's Critical Information Requirements were tracked, both during and after the crisis with a routine follow up plans documented for post-crisis and post-traumatic growth (Tedeschi & Calhoun, 2004). Similarly, some incidents that wouldn't necessarily require a CCIR were tracked alongside the CCIRs, providing a greater context and additional insight beyond the CCIR list.

For each incident, the efforts of the Task Force, the Chaplain, and external partners were tracked to ensure long-term Soldier support. When appropriate, additional support from medical or family programs were integrated and tracked in a consolidated tracking document. This was maintained internally by the Task Force to protect privacy and health, but reporters and leaders would be briefed on the high-level status and well-being of their Soldiers as needed.

Simultaneously, the Task Force rewrote several Standard Operating Procedures (SOP) for the Brigade as best practices emerged. A new Traumatic Event Management (TEM) SOP was created to ensure standardized support to Soldiers and colleagues during and after a crisis. For example, when a suicide is completed or a death occurs, up to 135 other people are impacted by the loss, and 15 to 30 of those impacted requiring additional support and post-traumatic care (Feigelman et al., 2018). This SOP ensures that crisis intervention includes those who may be impacted by the traumatic event, including section and squad mates. It initiates small-group support counseling sessions facilitated by the Chaplain, Behavioral Health Provider, or a similar professional to re-establish a sense of stability and belonging post-crisis. The small-group counseling session removes rank from the conversation, allowing for group grieving and

processing in a judgment-free zone with free expression of thoughts and feelings. The Suicide Prevention and Memorial Ceremonies SOPs were also updated to provide continued postvention support to Soldiers, families, and the unit and to provide closure.

A Local Resiliency Support (LRS) document was established by the Task Force as a template for subordinate Battalions. The LRS document is a consolidated list of community and military resources for each unit within the Battalion. Resource categories include financial support, substance abuse clinics, hospitals, small-group meetings, and homeless shelters. The purpose of the document is to enable leaders at all levels in the primary geographical areas of their Soldiers to find community resources easily and quickly for Soldiers and families in need. It is an inspectable item, maintained primarily by the Unit Ministry Teams in coordination with the Commanders and Suicide Prevention Liaisons. The document is updated and verified regularly, with closed resources removed and newly discovered resources added. Each entry will consist of a brief description, the location of the resource, and direct contact information. This reduces the barrier to assistance.

Similarly, a Quick Reference guide was developed for all Commanders and first-line leaders. The Quick Reference Guide is a brief reference of primary responses and resources in response to a crisis. Although there are several slides, each can function independently. Contact information for case managers, Chaplains, and community crisis centers are consolidated. The best practice guidance is to print this document and keep it at the desk of leaders. As information changes, individual slides can be replaced.

Task Force Guardian also developed several Train the Trainer products to teach self-care, psychological resiliency, and spiritual resiliency. Participants were taught ways to self-assess their current resiliency using tools such as the US Army Public Health Command TG-360

Spiritual Fitness Inventory (U.S. Army Public Health Command, 2012). Spirituality has a correlation with improved resilience and mental health (Hourani et al., 2012). The COVID-19 lockdown stressed the mental health and resiliency of the community and self-care was critical in preventing additional trauma (Killgore et al., 2020). It also encouraged reflection and conversation, building unit cohesion and belonging (Koenig, 2020).

Continued Learning and Retrospectives

Task Force Guardian met internally each week and briefed their progress on the initiatives monthly. Outside of the regularly scheduled events, informal communication between members occurred daily. During each briefing, the Task Force acknowledged what went well and what changes would improve the process. Regular retrospectives enabled Task Force Guardian to adapt with agility, ensuring improved Soldier support. This is similar to best practices in civilian industries, especially when the operating environment is constantly changing. Given the ever-changing impact of COVID-19 on society and the economy, combined with the societal distress during the summer of 2020, it is important that internal reflection is continuous.

Similarly, Task Force Guardian provides regular briefings of lessons learned to Brigade and Battalion leaders. At least monthly, Task Force Guardian reminds Battalion command teams and primary Staff leaders of the Task Force's mission and availability, ensuring that even if the leader in front of the Soldier isn't sure of what to do, they know who they can contact for guidance or intervention. Task Force Guardian has the public support from both the Brigade Commander and the Brigade Command Sergeant Major, ensuring Soldier well-being is a command emphasis throughout the Brigade. Task Force Guardian also stresses that every leader cannot always be everywhere at the same time; Task Force Guardian is available to conduct

wellness checks and offer resources when first-line leaders are unavailable or are unable. If the situation is sensitive, the Chaplain has sacred confidentiality, ensuring that every Soldier has an outlet or resource, regardless of the sensitivity of the situation.

Expanding Asking Techniques

Ask, Care, Escort (ACE) is the standard Suicide Prevention technique of the US Army (U.S. Army). ACE enables Soldiers to build up to and ask tough questions that may be uncomfortable. Resilience is strengthened when someone feels like are respected and belong to in the group (Baumeister & Leary, 1995). ACE, therefore, can be used to help build resiliency and foster belonging in a variety of difficult situations in addition to asking about suicidal ideations. For example, asking if someone is experiencing sexual abuse, experiencing harassment, struggling with substance abuse, or suffering financial or marital stress, can be challenging or uncomfortable. Using the Ask, Care, Escort method reduces those barriers to getting Soldiers connected with military and community resources.

In a situation such as substance abuse, using ACE can enable recovery. First-line leaders and colleagues may be hesitant or uncomfortable to ask if their Soldier is suffering, but by building up the conversation naturally and ensuring that a sense of compassion is associated with the question, struggles that the Soldier were keeping private out of shame or fear could be shared. Then, the leader would care for the immediate safety of the Soldier and escort them to assistance, such as to Task Force Guardian or a Substance Abuse Counselor. By stressing the expansion of the ACE technique and focusing on Soldier care rather than reprimand when challenges are shared, corrosives can be reduced or eliminated. By fostering a sense of belonging, resiliency is improved.

Way Forward

Task Force Guardian continues to focus on taking care of Soldiers and combatting corrosives within the Brigade. The Task Force does not have an anticipated stand-down date and continues to refine recommendations. As the Task Force continues to learn, new recommendations and best practices are expected. The Task Force is built to be an enduring project, continuing through command changes and personnel transitions. Documentation of best practices and lessons learned is critical and should be available to anyone that requests them.

Chaplains must continue to "lead from the front" and ensure they are routinely conducting wellness checks and integrating with their staff counterparts to provide holistic Soldier care. The unique confidentiality requirements of Chaplain communications ensure a safe, judgment-free opportunity for Soldier care. Chaplains should continue to build upon counseling and mental health skills. Although not every Chaplain has focused training in psychology, counseling, or therapy, they can often serve as the "tip of the spear" and recognize when a Soldier is in distress and they need to refer to other providers. Having the list of community providers is critical, as well as having strong professional relationships with both military and civilian providers. Specifically, the Local Resiliency Support document and connections with Family Readiness Support Assistants at local Readiness Divisions are critical.

Conclusion

The COVID-19 pandemic exacerbated existing mental health challenges faced by Soldiers in the US Army Reserve. The pandemic and associated isolation led to increases in substance abuse, depression, anxiety, and family strife. Task Force Guardian was established to combat these, and other, corrosives to improve the quality of life of Soldiers and family members within the 302D Maneuver Enhancement Brigade. Ultimately, these developed practices and

products may be useful for leaders in different units, branches, and organizations, both in the military and civilian environment. Ultimately, taking care of people is the responsibility of leaders, and Task Force Guardian enables leaders to succeed.

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